THE ELEVENTH

Annual Report

TO THE

BEDLINGTONSHIRE

Urban District Council,

FOR THE YEAR 1911,

BY

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Medical Officer of Health.

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TO THE CHAIRMAN AND MEMBERS

OF THE

Bedlingtonshire Urban District Council.

Mr. Chairman and Gentlemen,

I beg to submit my Eleventh Annual Report on the Health and Sanitary condition of your district for the year 1911.

Estimated Population.

The following tabular statement of the preliminary figures of the Census taken in April gives a fair idea of how the district is growing.

Wards.	Inhabited Houses.	Uninhabited Houses.	Houses building.	Houses not used as dwellings.	Males.	Population. Females.	Total.
Netherton	337	14	0	18	1092	870	1962
Sleekburn (Up to 74-75 Victoria Terrace.)	1343	21	15	99	3120	2929	6049
Bedlington	1330	22	4	70	3312	3101	6413
Cambois	546	10	6	19	1451	1339	2790
West Sleekburn	496	11	13	20	1417	1189	2606
Choppington	1142	17	6	59	2796	2637	5433
Total ...	5194	95	38	285	13188	12065	25253

It may come as a surprise to some members to see that at this particular date there were as many as 95 uninhabited houses in the district. One must remember however that just about that time there were a considerable number of emigrations to places abroad and a marked migration of people residing in this district to neighbouring districts. The figures also show that as heretofore the males still outnumber the females, a circumstance which should have some bearing on the marriage rate. The Choppington ward has the lowest relative difference, but if one compares these proportions with some figures in the birth tables one will not be inclined to think that the marriage rate will compare unfavourably with the other wards. It should perhaps be explained that the ward figures do not correspond exactly to the figures usually given for the divisional areas, the boundaries in the respective cases not being identical. With the help of the Census figures and such other figures as are available the estimated population of the district to midyear works out at 25,500. For the first time in the statistical history of the district the average number of inhabitants per house has fallen below 5 : it stands at this Census at 4·86—a factor that hitherto has been a constant one, and one therefore upon which we could base our statistics. This to some extent accounts for the discrepancy between our figures and the Census returns.

BIRTH RATE.

The births of 445 male and 399 female children were registered during the year—a total of 844, or 83 more than last year. To these should be added 2 male and 1 female births Inward transfers to this district. This gives an annual rate of 33·2 per 1000, which, considering the tendency of such affairs in the country at present may be regarded as fairly satisfactory.

DEATH RATE.

The deaths of 204 males and of 169 females were registered in the district during the year—a total of 373 as compared with 367 last year.

To these must be added 13 male and 3 female deaths, Inward transfers of residents of the district, who have died outside the district. Against these are put the Outward transfers, *i.e.* of people who have died in this district but who belong to other districts—2 males and 1 female, as also the death of 1 male, a foreigner. This is a nett balance of 11 deaths to be added to those registered in our district, making a total number of deaths from which our statistical figures are taken, 384.

This makes our annual death rate 15 per 1000, which may be considered a satisfactory one considering the most (for our district) unfavourable climatic conditions which have prevailed almost throughout the year.

In a district such as this where there is a considerable migratory population it is a very difficult matter sometimes to determine who are really of the district, *e.g.* a family or an individual may come into the district, live a few days or a few weeks in it, and deaths or births in the meanwhile may occur; similarly such affairs may occur in the neighbouring districts. The question of transfer thus may lead to fallacy in statistics. In such districts it would appear that a more accurate average might be arrived at were all deaths and births occurring in such districts regarded as of or belonging to that district. This would not apply to residents of the district who might die in Public Institutions outside the district, *e.g.* at Royal Infirmary, Newcastle, County Asylum and Workhouse, Morpeth. Such deaths should of course be transferred to the district whence they came.

INFANTILE MORTALITY.

The deaths of 132 Infants under 1 year of age were registered in the district during the year, an increase of 23 as compared with last year. 1 Inward transfer was allotted to the district by the Registrar General which brings the Deaths up to 133. This gives an Infantile Mortality Rate of 157 per 1000, a rate which is far too high. When it is seen from Table IV that Prematurity of Birth, Debility and Congenital Malformations were responsible for the deaths of 46 infants and Diarrhœal diseases for 45 more, a total of 91 out of 133 deaths, it seems there is something radically wrong in the breeding and rearing of infants. So much has been said in former years on this subject that for the present I will not further comment upon it.

The Births and Deaths in the different localities into which the district is divided occurred as follows :—

	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	E. & W. Sleekburn.
BIRTHS.	31	217	73	257	56	163	47
DEATHS.	21	85	34	119	23	68	24
Under 1 year :—	7	30	13	33	10	23	15

SUMMARY OF BIRTHS AND DEATHS.

Month.	BIRTHS.					DEATHS.				
	Boys	Girls	Total	Illegitimate. Boys	Illegitimate. Girls	Boys	Girls	Total	Illegitimate Boys	Illegitimate Girls
Janurry	42	33	75	3	1	14	14	25	0	2
February	42	26	68	2	2	15	15	28	0	0
March	42	33	75	1	0	16	16	28	0	0
April	28	32	60	1	2	18	18	33	0	0
May	48	38	86	1	2	18	18	26	0	0
June	37	43	80	1	1	6	6	21	0	0
July	42	38	80	4	0	25	25	40	1	1
August	32	38	70	4	1	26	26	55	1	1
September	30	30	60	2	0	23	23	37	2	0
October	29	27	56	3	0	19	19	31	0	0
November	33	24	57	2	1	14	14	27	0	0
December	40	37	77	3	2	10	10	22	1	0
	445	399	844	27	12	204	204	373	5	4

From these tables it will be seen that the highest number of births were registered in May and the lowest number in October. The highest number of deaths were recorded in August, when there were many infantile deaths; the lowest number in the returns occurred in June. The proportion of illegitimate births is high, but the deaths of illegitimate infants compared to births is not out of the ordinary.

HOUSING.

The number of houses in the district at the time of the 1901 Census was 3763, at the present Census the number was 5289—an increase of 1526. This would average out at about 150 houses a year, which one would think should meet the requirements of the people for houses; that it apparently does not would appear from the number of cases of overcrowding that are dealt with in the course of a year. This however is a very complex question in a district such as ours which is for the most part a coal mining one. The lodger element is a difficult one to deal with, and then the migratory habits of the lower type of miner who is here today and elsewhere tomorrow renders accuracy in figures relating to overcrowding well nigh impossible.

Generally speaking one might say that in the older parts of the district the housing conditions are not good, while in the newer parts they are much better under certain limitations. The chief fault in the construction of the newer houses is that they are mostly very poorly finished. The approaches too, more particularly the back streets, are often bad, and as a rule these back streets are so laid that in a very short period of time they become nearly impassable in bad weather. Adequacy of space around the newer houses is the rule. In regard to some of the older ones there is too much crowding of the houses on a small area—the most notable part of the district being the Walker Terrace in Bedlington, what is known as Back Scotland Gate and part of the Guide Post in the Choppington area. Further back to back houses are too common (there are 246 in the district—reminders of the notions of former times,) although the residents in such houses seem to like them. The subject of housing however is more particularly dealt with in the part of the report specially prepared by Mr. Johnston and myself as regards conditions under the Housing and Town Planning Act. During the year 6 houses have been demolished and 21 closed as they were considered unfit for human habitation.

152 new houses have been built and occupied during the year. The cleanliness of the surroundings of many of the houses in the district leaves much to be desired. A good deal has been done during the year to remedy this state of affairs.

Water Supply of the District.

The water supply has been well maintained throughout the year, no shortage at any period having occurred. Inspections have been made of places where pollutions were likely to occur but no gross faults were found. The necessary connection has been made with the Tynemouth main so that in the event of anything going wrong at our own waterworks to prevent us getting an adequate supply for any length of time another source of supply will shortly be available. Extension, enlargement, and substitution of new water mains where needed in the district is being carried out, and some isolated houses which formerly received no public supply have had this defect remedied.

The water here has practically no plumbo-solvent action on lead ; we have therefore no need to deal with contamination from this source. The water supply is constant.

The chief points in the work done in this connection may be briefly summarised as follows :—

200 yards of 15 inch water main have been laid during the year.
1600 ,, 9 ,, ,, ,, ,,
1900 ,, 6 ,, ,, ,, ,,
664 ,, 3 ,, ,, ,, ,,
643 ,, 2 ,, ,, ,, ,,

5000 yards of water pipes have been laid to improve and extend our system of water supply for the district. In addition to this work done by the District Council 766 yards of water piping have been carried from the main to an outlying farm house and cottage.

The result of these new extensions is that there now remain only 2 cottages in the district not receiving their water supply from the public service, and these two cottages have adequate supplies from what are considered uncontaminated springs.

This is creditable in such an awkward scattered district with a considerable number of out of the way houses to be supplied.

Footpaths.

Considerable improvement and extension has taken place during the year. 3430 lineal yards of tar macadam footpath averaging about 6 feet in width have been laid, and 130 lineal yards of cement flagging have been put down. In addition to this 1170 yards of kerbing have been laid. At the present time there are not many districts in the county so well provided with footpaths fit to walk upon as the Bedlingtonshire Urban District. The footpaths yet remaining to be dealt with are all fairly good ash (many red ash), and generally speaking satisfactory in their present condition except in time of thaw after a frost. The mileage of footpaths in the district is large and their usefulness is great.

Private Streets and Roads.

Many of these in the district are in an unsatisfactory condition. However during the year progressive work has been started and once the advantages of this class of work are appreciated much more of the same nature is sure to be undertaken. It is gratifying to know that in the Bedlington Colliery Rows the two most important are now well laid on good tar macadam system; further that the footpaths in the same rows are also laid with tar macadam on the same principle that has been adopted for laying the public footways. The road leading from the end of the Shiney Row to the approach to the Telephone Row has been treated similarly to the Shiney Row and the Doctor Terrace, as also part of the South Row nearest to the station. It is hoped that if no unforseen circumstances arise the other rows will be similarly dealt with. Hirst Terrace and its approaches, one of the worst private streets in the district, is now in a fair way to completion. It is to be hoped that as property owners in other parts of the district see the good results of these experiments they will realise that by improving their roads and putting them into such condition that they may be taken over by the District Council, they are thereby improving the saleable or negotiable value of their property and incidentally saving themselves much for the future upkeep of their roads. In the laying down of roads where new property is being built it would be a good thing, and in the long run cheaper than the present method of laying down back streets on what we might call the cinder and askes plan, if estate agents would insist on a proper street being built before they allowed the erection of houses to take place. The initial cost would undoubtedly be greater than under the existing system, but if the principles of the Housing and Town Planning Act are to be enforced, as they undoubtedly will be, it behoves builders to be careful and purchasers of houses to be still more careful to see that they are not trusting too much to the present and leaving the future too much to promises and uncertainties. If people for whom houses are being built are prepared to take too much upon trust they have only themselves to blame if their calculations are upset.

Many of the private streets throughout the district have been considerably improved during the year by more judicious ashing, but many still remain in a deplorable condition. Private roads are similarly situated. As an instance one might cite Netherton—a Colliery that has no public entrance to it but a footpath or footpaths, about some of which perhaps the less said the better. The Colliery portion of the private road leading into Netherton from the Bedlington side has been put into a satisfactory condition during the year but the other portions are in bad order. As for the exits from the place, on the other side it may be said that one may travel in some comfort the public paths, *i.e.* those maintained by the District Council, but the private ways present difficulties which only courageous or indifferent people will undertake. There is some excuse for this as it does not appear to be equitable that a private owner or tenant should have to provide means of ingress or egress to a place in which he has no particular interest; not only that, but the fact of the public using such conveniences in this respect as are provided by the private individual goes to show that the public has little respect for private rights. This is not as it should be, as the private person may and has a right to resent privileges being regarded as rights.

Milk Supply.

The milk supplied to the district is wholesome; the supply however is not now adequate to meet the demand and a considerable amount of milk has to be imported. Many complaints were made, particularly in the summer time, about this imported milk turning sour; this was not to be wondered at in such a summer, particularly as much of it had to come a considerable distance and was many hours old ere it reached its destination here. All the dairies (35) and cowsheds (41) in the district were inspected during the year; things on the whole are much improved. There are no milkshops proper in the district. The imported milk is usually received at the railway stations by the distributor and sold in the same way as the home milk. We have no power to go and inspect the dairies and cowsheds whence this milk comes. There ought to be some provision whereby any necessary inspection might be made.

There are only 360 milch cows in the district. There is not a large amount of milk from this district sent to other districts ; the exact quantity we do not know and it is questionable whether we have the right to demand information on this point from those milk sellers who either send or purvey their milk beyond the limits of the district.

No provision has been made for the veterinary inspection of milch cows in the district.

Personally I have not seen any cases of udder tuberculosis among the cows in Bedlingtonshire, and it is most unlikely that any farmer in this district would keep such a cow.

We have no bacteriological laboratory : most of our bacteriological examinations being done at the College of Medicine, Newcastle-upon-Tyne. There is no reason why all such examinations should not be done here if the Council would make adequate provision for the carrying out of this work. A small laboratory might be attached to the Isolation Hospital, or one could be provided in a suitable place in Bedlington where all the necessary work could be done ; this would of course involve the carrying out of all bacteriological investigations in connection with the general public health work of the district, and would provide a ready means whereby research work generally which might have an important bearing on the health and conditions of labour in a mining community which in the future might be fruitful in results.

OTHER FOODS.

The above remarks about a suitable place for carrying out investigations would have a bearing on the question of other foods besides milk. The anomalous position in regard to the inspection of food stuffs generally is peculiar and some coordination in this respect is necessary. At the present time this question is largely in the hands of the County Authority and is administered chiefly through the police, a position of affairs which does not seem to act in the best interests of the public health.

The only foods there have been any special difficulties about during the year have been Mussels, and in several instances we have had to condemn large quantities of these as they were taken from sources not above suspicion. In each case the gatherer and vendor made no difficulty about having them destroyed when it was pointed out that they was a grave danger of anyone who ate the mussels contracting Enteric Fever, and they seemed to be only too anxious to help us in the matter. When asked to gather no more mussels from such sources of supply they readily agreed to do so and there is reason to believe that they have kept their promises. Most of the food prepared in this district and exposed for sale is prepared carefully and rarely stored long enough to become dangerous. There is occasional difficulty with the fish and chip shops, the quality of the grease used at times not being good. There have been occasional outbreaks of food poisoning attributed to this, but most of the cases of food poisoning occurring in the district are the result of the eating of unsound food when the residents have gone off to neighbouring towns, say on a pay week end, and have there got what is euphoniously or perhaps one should say euphemistically termed "clart."

SLAUGHTER HOUSES.

All the slaughter houses in the district have been inspected ; they are much improved compared to what they used to be. No diseased or unsound meat was found in any of them. The general quality of the meat was much above the average of what is often seen in town.

There is not a large quantity of foreign meat as compared with the quantity of home meat exposed for sale in the district, but what has been inspected has shown good quality.

There is only 1 licensed slaughter-house in the district, the license being applied for and so far renewed yearly; this deals mostly with animals which have died or which have been killed. The chief danger which might be apprehended from an establishment of this kind would be where say the carcase of an animal which had died from Anthrax or Actinomycosis had not been recognised as such would be carelessly handled and the offal carelessly disposed of.

This is not very likely to occur as those in charge are men of considerable experience and who are in the habit of notifying to me any out of the way occurrence in their trade.

Sale of Food and Drugs Act.

As already stated in an earlier paragraph in the report the administration of this Act at present all over the smaller districts, urban and rural, in the country, is in a somewhat chaotic condition. As things are at the present arranged it is questionable how far a small Local Authority should go in the matter.

Sewerage and Drainage.

During the year under review less work of this nature has been done than for several years past. This is something to be thankful for as it indicates that the district is meeting its requirements. The water problem has been the more pressing one and therefore more attention has been paid to it. The two most pressing minor points in connection with the Sewerage of the district have been attended to. 1st—An additional Outlet has been made at Sinker's Row, Cambois, to remedy the difficulty that has existed there for some time. 2nd—The open gutter at West Sleekburn which has been a source of complaint for several years has been replaced by a 12 inch earthenware pipe sewer. It is to be hoped that some of the people who have grumbled so long about this "nuisance" will now make some effort to abate the nuisances they themselves are creating by getting the necessary connections made from their places to the sewer.

As in former years many old field pipe drains have been taken up where discovered and replaced by sanitary pipes. Drainage where found defective has been remedied. Practically the whole of the district is sewered, and for a district of the nature of this one, notwithstanding all the faults and failings, it is remarkable that the existing conditions are such as they are.

Closet Accommodation.

In the district there are 3745 fixed privies; there are no pail or tub closets nor earth closets in the proper sense of the term. There are 758 water closets and 8 waste water closets, 2 of which latter are to be converted into ordinary water closets as it has not been found by experience to be advantageous to have these waste water closets: they appear to be the most dangerous type of closet in the district. There have been 20 privies converted to water closets during the year, making 199 csnversions of this type since this work was undertaken. Movable receptacles do not appear to be suitable to this district.

Excrement Disposal.

There is a general disposition for the gradual substitution of water closets for privies, that is so far as new property is concerned. In regard to older property conversion is the policy where this type of property comes to be dealt with as having become insanitary.

Removal and Disposal of House Refuse.

The conditions under which this is dealt with by the people leave much to be desired. It is so much easier to pitch the stuff into the ashpit than burn it, and when one considers that this work almost entirely devolves on the female element of the population anyone who knows the circumstances under which the average woman in such a mining community has to *exist* cannot blame her if she tries to escape trouble now and again in her own way. The possibility of her method of escaping trouble making trouble for the Sanitary Authority is a factor with which the Sanitary Authority must deal. Prosecution would be of little avail, as no amount of what would be called "persecution" would make the average housewife in this district cause her fireplace to be untidy by "happing" the fire, as she would call it, with "rubbish," *e.g.* vegetable refuse, bones, &c.; she might also make strong comments about the smell and remarks in this connection might not be out of place when one considers that the kitchen is the principal *inhabited* room in the house. If she carried out the destruction of house refuse by this method during the time the male members of the household were in the kitchen their remarks would reflect powerfully on the odoriferous nature of the open crematorium. One must further remember that under existing conditions of labour in this—a coal mining—district men are frequently in and out of the kitchen than they used to be and meals and the cooking and serving of them are more frequent. Recent legislation has made the conditions for women more difficult.

Arrangements for Scavenging.

These are primitive. The method in vogue is to let contracts for Scavenging generally speaking to whomsoever may put in the lowest tender. The capability of the contractor for performing the work for which he contracts is not sufficiently taken into consideration as a general rule. At times the contract is not let to the person putting in the lowest tender. Occasionally it has happened during the last few years that, from inability of the contractor to fulfil his obligations, or for some other reason, the Council has had to take the scavenging of a particular portion of the district into its own hands. Whenever this has been done the scavenging has been done more efficiently than by the private contractors, with the result that fewer complaints have been received and the officials of the Council have thus had more time to deal with other things, and less time has been wasted in the investigation of complaints which never should have arisen. It would undoubtedly tend to efficiency were the Council to take this matter into their own hands; whether it would in the long run make for economy would depend largely on how the Council could get the refuse disposed of and under what conditions the places necessary for its deposit could be secured.

Influences threatening the Health of the District.

This is a larger question than can be fully dealt with in a report of this nature. A fairly elaborate treatise might only touch the fringe of the subject. When one considers the multifarious duties imposed upon a Medical Officer of Healtn by recent legislation and orders resulting therefrom it is astonishing how the Central Authority can expect him to get time to thoroughly study the many and varying influences and factors which bear upon this large and most important subject. If the Medical Officer were not a part-time official whose ordinary daily work brought him into contact with the intimate conditions of the lives of the people he would not be in the same strong position to deal with these affairs as he is. A full time Medical Officer, unless one who had previous knowledge and extensive experience of the habits and mode of life of the people of such a district as this, would never be able to deal with this matter thoroughly.

Roughly speaking the most important element threatening the health of the district is the indifference of the public to health matters and the apparent desire of the younger section more particularly to have a good time and leave others to take care of the consequences. Apart from this phase of the question one has to consider broadly the circumstances and surroundings under which the people live, and when one looks at these matters through public health spectacles the appearances are astounding. Here one may fairly state that excluding legislative difficulties the public has the arrangement of Sanitary matters in their own hands. How do they see that what would be to their benefit from a health point of view is arranged for them? They send representatives to look after their interests on the local Sanitary Authority; these representatives look after the interests of their constituents as best they can but do those who send them to the local authority take much interest between one election and another in the matters that most concern themselves?

A further important factor threatening the public health of this district is the fact that the people have got into a habit of grumbling about the condition of the private streets, this grumbling has gone on so long that the public have come to a stage of indifference. The condition of these streets has been reported upon from time to time by the officials of the health department. What have the public done to strengthen the action of these officials in having matters remedied for them? If there is a particular street which requires attention, even allowing that that attention may have been given after complaint, what happens? So soon as the pocket is to be touched the complaint is modified and what was previous indifference resolves itself into active opposition to the spending of money on improvements. Health conditions are then a secondary consideration.

This is no encouragement to members of the Council and their officials to press a matter which involves even under the most favourable circumstances a certain amount of official routine and delay.

Pleasures or what are considered to be such have an important bearing on the subject matter of this paragraph. The present tendency of the public to frequent "Picture palaces" and such places of amusement has an adverse influence on the question of Infantile Mortality. The first year of infant life is infinitely the most important, as if a child gets a fair chance of living during its first year it has a much better chance of surviving future exposures to which by force of circumstances it may be subjected.

Without going fully into the antenatal conditions of a child's existence this subject can not be properly dealt with, but as reports such as this are written to appeal to the lay mind postnatal conditions to the average layman are more understandable. Under such circumstances it will appeal more to him how the child has to be handled after it has a separate existence from its mother; should these circumstances be placed before him or before the mother or before both? In this district one cannot adequately deal with the antenatal conditions as the people have their own way of attending to such matters and no amount of argument or persuation will induce them to alter their methods. However these methods may appeal to outsiders certainly the ideas that both sexes have about them are regarded as right and proper by themselves, and so long as each sex is prepared to fulfil its obligations to the other it is difficult to see upon what grounds outsiders have any right to object. The general result is that from a public health point of view any question which may arise is adequately dealt with by the contracting parties.

This has a particular bearing upon Infantile Mortality, as if these people are only allowed to work out things for themselves they will be adjusted, but if there ahould occur any outside interference there is sure to be trouble in the Courts or elsewhere and if this trouble should occur it is the unfortunate infant which suffers and as a corollary to that our Infantile Mortality Statistics. There are many other instances bearing on the Public Health which might be dealt with in other sections of this report but to what end are these going to lead us?

THE DISEASES CONNECTED WITH A MINER'S OCCUPATION AND MODE OF LIFE

have an important bearing on the public health; this however is a large subject of itself and can hardly be incorporated in a report of this nature.

CLIMATE.

The vicissitudes connected with climatic conditions in this locality materially affect our statistics; these however will be dealt with in brief under general consideration of the disease tables.

PRIVY-MIDDEN SYSTEM.

This system of excrement and refuse collection and its subsequent disposal adversely affect the public health in many ways. The most grave danger arising from the system is the possibility of the spread of certain of the acute infectious diseases, notably Enteric Fever, Diarrhœa, and Streptococcal Sore Throat. Many other matters might be discussed in regard to influences threatening the public health but this would involve undue extension of this report.

POLLUTION OF RIVERS AND STREAMS IN THE DISTRICT.

Nothing further has been done during the year to remedy the pollution of the Willow Burn and its continuation the Sleek Burn. Additional water tanks for providing pure water for the cattle in the fields bordering on the burn have been put in where these were considered to be necessary. Almost the whole length of the burn has now been treated in this way. A certain amount of fencing has been erected to keep cattle from the polluted water.

SANITARY ADMINISTRATION OF THE DISTRICT.

The staff is too small; there is however a prospect of this state of affairs being improved upon shortly. Considering this matter broadly one may say that the amount of work done is satisfactory with the limited means at disposal. The amount of work which the Sanitary Inspector has to do combined with his other official duties is far too much for one man. The extra work which is being expected from the Medical Officer of Health as the result of recent legislation makes it well nigh impossible for him to satisfy the requirements of the Central Authority and at the same time do justice to himself.

This state of affairs is bound to adversely affect public health matters however judicious and careful in the arrangement of these affairs the officials of any district may be. It is therefore, on the part of the Central Authority, quite unfortunate and altogether unreasonable that they should expect any medical officer to comply with their extra and extraordinary requirements unless they make some provision for helping him forward in the good work which they expect him to do.

It is therefore useless for me as Medical Officer of Health to this large and important Urban Council to report to the Board upon the Sanitary Administration of the district when I know from several years' experience that the Board and the Urban Authority are bound to take adverse views on such administration. Views have been taken and still are taken, and may in the future continue to be taken upon the Sanitary Administration of this district which are not in accordance with the general views upon Sanitary Administration held by the Board; whatever influence this attitude may have on the lines of action the Board may take in regard to our affairs, presumably we here are in a better position than the Board to judge what is best for this district. This is not said with any thought of lessening the important position of the Board in looking at things from a wider point of view than our parochial (comparatively speaking) standard, but what we do hold and are prepared to maintain is this, that however competent the Board's Inspectors may be, and however well and carefully they do their work, here in our own district we have had more opportunities of observing the trend of affairs, of events, and of accidents, and we have a more intimate knowledge of affairs as they exist than any outside Inspector can have.

It does not appear to have been sufficiently recognised that this district is a very difficult one to administer, perhaps the most difficult one in the county, and when the Council has attempted to have some of the most awkward points arising in the administration of the district removed by bringing them to the notice of the Board, little encouragement has been given to the Council to pursue the subject. This attitude of the Board from their point of view may be right but one must remember that the District Council has to arrange the finance.

The general policy of the Council has been heretofore and still is that they do not wish to undertake or contemplate work that they cannot see their way to do, and knowing the uncertain conditions upon which a mining district depends they are chary of undertaking financial responsibilities unless they can see the ways and means by which the responsibilities they may undertake can be fulfilled Hitherto the general policy of the Council has been to arrange their responsibilities in such a way that these may be paid out of current revenue.

HOSPITAL ADMINISTRATION.

This is in the hands of the Medical Officer of Health. Other medical men in the district whose patients may be in Hospital are allowed to visit and attend them should they wish to do so. This system has so far worked well. At times when pressure of work has been great some of the other medical men in the district have helped me willingly and such help has been of great use. The cases of acute infectious disease treated in the hospitals have mostly been cases of Smallpox and Enteric Fever. In the year under review 1 case of Tuberculosis was admitted to the Isolation Hospital. It is necessary that more provision shall be made for dealing with this disease.

As regards the admission to and treatment of Scarlet Fever and Diphtheria in our Hospitals the view hitherto taken has been that the result of such action on our part would not warrant the necessary expenditure. Such cases too so far as treatment is concerned can be, we think, just as well treated in their own homes. Isolation in the usual sense of the word in such cases in a district of this kind is quite impossible with the means at our disposal.

The hospital accommodation available in the district is Smallpox Hospital 14 beds, Isolation Hospital 20 beds.

At the Port Sanitary Hospital there is one building with 20 beds and another with 12 beds; at Blyth Hospital there are 8 beds.

The Bedlingtonshire Council has an interchangeable arrangement with the Port Sanitary Authority and with the Blyth Council whereby in the event of any of the hospitals of any of the 3 authorities being full another hospital is available.

HOUSING AND TOWN PLANNING &C. ACT.

The estimated number of houses coming within the limits of rent mentioned in the Act is approximately 4992.

The number of houses inspected as part of Inspection under the Housing (Inspection of District Regulations 1910) was 267.

The number of notices served for structural defects of houses was :—

1. Informal 101. 2. Statutory 66.

The Scavenging arrangements are carried out by contractors employed by the Council. When the men fail in their duty they are given 24 hours in which to do the work complained of ; if the contractor does not comply with this notice team labour is employed to do the work and the cost of this labour is deducted from the contractor's account.

It has hitherto not been found necessary to serve notices upon owners of property for permitting overcrowding by their tenants as whenever their attention has been drawn to cases of this kind owners have had the state of affairs remedied as soon as they could. We find that tact and persuation are generally more helpful in these matters than legal pressure. Similar procedure is generally taken in regard to conditions of uncleanliness, but some cases of this nature are very difficult to deal with. The number of houses closed during the year was 21 ; in addition 6 houses were demolished. All these houses were considered to be unfit for human habitation and were dealt with by advice of the Clerk under our own byelaws, and by taking this line of action we were saved what we consider to be unnecessary expense and unnecessary trouble, and we think that the easy way in which we can manage such matters might be a point which the Board might take to simplify their procedure.

SUMMARY.

Number of houses inspected, 267.

Number of houses found to be unfit for human habitation, 27.

Number of representations made to L. A. with a view to the making of closing orders, 27.

Number of closing orders made, 27.

Number of houses which after the making of closing orders were put in a fit state for human habitation, 6.

Number of dwelling houses the defects of which have been remedied without the making of closing orders, 33.

GENERAL CHARACTER OF DEFECTS FOUND TO EXIST.

Most of the defects were of a structural nature, several of the houses being in a delapidated condition ; many of the yards were unpaved. The sanitary arrangements in many cases were primitive particularly in respect to drainage.

The foregoing remarks apply to special inspections made and do not include inspections of the district made under the ordinary routine work. This brief resume of the work done under the Act is the joint work of the Surveyor and myself, no special inspector having been appointed.

Signed, R. S. TROTTER, Medical Officer.

J. E. JOHNSTON, Surveyor and Sanitary Inspector.

TUBERCULOSIS.

The control of this subject involves very wide issues. Voluntary notification so far as this district is concerned and such notification as has been compulsory under existing regulations has not been of much avail. We have only so far been in a position to take what one might call for want of a better name a passive part in combating the spread of this dread disease. Under what appear to be the general lines upon which prospective legislation is likely to run I do not see how a district like this is going to get very far forward. It appears to me that this subject is being dealt with and is likely to be further dealt with upon wrong lines altogether. Supposing for the sake of argument that notification is made compulsory how much further forward are we likely to be?

We may thus get to know of nearly all the cases, say of Pulmonary Tuberculosis, existing in the district, but roughly speaking when such cases have arrived at such a stage that their existence is officially recognised it is questionable then what can be done for them. Then as regards steps which may have to be taken to prevent the spread of infection from such cases to others the principle of interference with the liberty of the subject comes much more into evidence than is the case under existing conditions so far as the notification of and the dealing with the ordinary Scheduled Infectious Diseases are concerned. As regards this district the principal lines upon which the general control of Tuberculosis in the human subject may have to be worked out appear roughly to be :—

1. Amendment and improvement of the sanitary conditions under which the people live, *e.g.* the provision of a better type of house and insistence on the surroundings of the houses being sanitary.

2. Adequate control over Tuberculous cattle and tuberculous milk and products made therefrom coming from outside the district.

3. Safeguarding the health by preventing the spread of infection from those suffering from Tubercle, more especially by the segregation of advanced cases in hospital.

4. The securing of cases in such an early stage that cure is possible. When Notification becomes compulsory in all cases it will be necessary that the notification should be early. As soon as one becomes aware of a case it will then be necessary to make provision to deal with it. The best method so far as the resources of our district are concerned would appear to be by means of Tuberculosis Dispensaries and adequate provision for home treatment and training. The Isolation Hospital might be used for the treatment of some cases for a time and instruction could be given to such cases as to how they should conduct themselves at home. Provision ought further to be made that suitable work be found for selected cases.

5. Disinfection of all houses where Tubercle has existed.

6. Frequent visitation of all cases notified who remain at home.

7. What action can be taken regarding notified cases attending churches, chapels, theatres, picture halls, &c.;

NOTIFIABLE DISEASES.

Uunder the Infectious Disease Notification Act 167 cases of Notifiable Disease were reported during the year as against 58 for the previous year. This is a very large increase.

Enteric Fever.—42 cases were reported and they occurred over the district as follows:—Barrington 7 cases, Bedlington 14, Cambois 3, Choppington 5, Sleekburn 10, and West Sleekburn 3. Of the 42 cases 4 ended fatally.

The worst part of the year was from July 24th to October 19th, during which time 36 out of the 42 cases were reported. During this same period 5 of the 6 cases of Continued Fever which occurred during the year were notified from one locality.

The Causes of the Outbreak appeared to hinge upon the following factors:—

1. This is largely a privy-midden district. The disease on this account appears to be endemic partly because "carriers" appear to exist and soil contamination from privy-midden refuse is probably always occurring.

2. The district was infested with flies all summer and part of the autumn.

3.—Unfortunate visiting habits of the people in the district.

4.— " " " " outside the district.

5.—The eating of various kinds of dangerous foods, *e.g.* mussels by people in the district and during their migrations outside the district.

6. The possibility of a contaminated water supply; the distribution of the cases throughout the various parts of the district in which the disease has broken out appears on the whole to be against this theory.

The following parts of the district were not affected, *e.g.* Netherton Colliery and Village, Choppington Colliery, Choppington High Pit, Stakeford, East Sleekburn and North Blyth.

It is interesting to note that the disease occurs from time to time in almost the same parts of the district and that where new houses are built we frequently get outbreaks.

In the parts of the district affected during the year the majority of the cases occurred over comparatively limited areas in these localities, and this seems to favour the idea of the presence of "carriers" and of soil contamination. It would be a most interesting experiment to abolish all the privy-middens in recurring infected streets and to substitute for them the water carriage system of sewage disposal and keep a record of the results over a series of years.

Diphtheria.—22 cases were notified during the year, and the disease was present in all the localities of the district with the exception of Barrington. There were 4 deaths, all of the Laryngeal type and all early fatal.

Continued Fever.—6 cases, all from Cambois and all of a mild type, were notified. It is questionable whether such cases should not be classified under the heading Enteric Fever.

Erysipelas.—9 cases were reported—all isolated cases.

Scarlet Fever.—88 cases were notified during the year the great majority of which occurred in the Choppington area, viz. 64. The disease was of a mild type, only 2 cases proving fatal.

In regard to this disease, which is looked upon by most of the people here as an inevitable trouble of childhood, there is a carelessness and indifference about the methods and habits of the people that is quite unjustifiable. Their promiscuous visiting habits and their senselessness in allowing their children about infected houses makes one wish that it were possible to compulsorily isolate every case; failing this, prosecution would be the only method by which such careless parents and guardians could be brought to a sense of their responsibilities to the children under their charge.

NON-NOTIFIABLE EPIDEMIC DISEASES.

Whooping Cough, Mumps, Chicken Pax, and Measles occurred in most parts of the district during the year. Whooping Cough was particularly severe in some parts. German Measles, an infective type ef Ophthalmia, Streptococcal Sore Throat also prevailed from time to time as well as Influenza of a not very severe type—the throat infection being its prominent feature. The most deadly of these epidemic diseases was Diarrhœa, which was extremely prevalent and very severe.

DEATHS FROM ZYMOTIC DISRASES.

Notifiable.		Non-Notifiable.	
Enteric Fever ...	4	Zymotic Enteritis ...	60
Diphtheria ...	4	Whooping Cough ...	10
Scarlet Fever ...	2	Epidemic Influenza ...	3
Puerperal Fever ...	*1	Measles	2
	11		75

*This case although not notified as Puerperal Fever for Death statistical purposes is classified as such.

PORT SANITARY HOSPITAL.

An interchangeable arrangement between this authority, Blyth Council, and our authority has been arrived at, whereby each of the 3 authorities under certain conditions may have the use of any of the hospitals available.

NEW ISOLATION HOSPITAL.

6 cases of Enteric Fever and 1 case of Abdominal Tuberculosis were treated in the Hospital during the year. The last named case died 31 hours after an operation for strangulation of the gut.

GENERAL CONSIDERATION OF DISEASE TABLE.

Diarrhœa and Enteritis.—60 deaths occurred from these causes, 45 of them being of Infants under 1 year of age and 9 between 1 and 2 years. The climatic conditions prevailing during the summer and autumn contributed largely to the epidemic nature of these diseases. The usual carelessness and indifference as regards the feeding, clothing and exposure of infants, together with inadequate provision for the prevention of contamination of food stuffs were largely responsible for this appalling state of affairs.

5 adults died from Diarrhœa of the Epidemic type.

Bronchitis, Broncho-Pneumonia, and Lobar Pneumonia were together responsible for 53 deaths—20, 21, and 12 respectively. Among these were 19 deaths of Infants under 1 year of age, and 9 between 1 and 2 years.

A considerable number of the Pneumonia cases among children this year seemed to be of an Epidemic nature, it being quite a frequent occurrence for 2 or 3 children in one house to become affected either at the same time, or at intervals between, which corresponded to the ordinary incubation period of the disease. This was noticable also in regard to houses near to each other in various parts of the district where people were in the habit of visiting frequently at their neighbour's houses. In many parts of the district it was found that there might be an odd case or two in a particular street followed within a few days by numerous cases in the same street. Further it was noticed that similar outbreaks happened within a short period after some popular entertainment had been attended by numerous mothers who had their infants with them at such functions.

Congenital Debility and Malformation, including Premature Birth.—46 deaths all under 1 year of age came under this heading. This is a serious matter from the point of view of Infantile Mortality statistics. If however one considers it from the Eugenic aspect there is not so much need for grumbling, *i.e.* in so far as the Infant life is concerned; it is a moot point as regards the future of the race whether it is not better that such infants should die as soon as possible. The physical and mental capacities of the parents who procreate them opens a still wider vista in the prospect of race development which it would be out of place to discuss here.

Heart Diseases and Cerebral Hœmorrhage.—As these two conditions are intimately connected with changes in the circulatory system they are bracketed together. Together they account for 48 deaths and if one added deaths primarily due to other arterial changes, *e.g.* arterio-sclerosis from whatever cause, this already large total mould be considerably increased. This question opens a wide field for the investigation of the conditions of life and work of both sexes in a mining community taken in connection with how the life and work bear upon the habits and mode of life of the people. In its sociological aspect too it warrants enquiry as year by year as the conditions of life and work existent in a mining district become more strenuous, through fatuous legislation and for other reasons, the general effects of such race deterioration as are apparent from the annual returns in the death tables (Table III this year in place of Table IV in former years) gives material for serious thought. To take the more immediate effects how long is the pace going to last? Is one generation of miners and their wives depleted as their energies are bound to be by the arduous life they lead, supposing that they are bred from good and healthy stock, going to rear as good progeny to follow them in the same or more difficult ways as regards work and conditions of living? And is this second generation going to produce a stock which will be equal to or better than their progenitors and be able to leave progeny behind them equal to any of the three? One thinks not, and one from observation is inclined to believe that the mining class to maintain its standard must from time to time be recruited from fresh outside stock. The older type of Northumbrian miner was a man of grit, energy, determination, integrity and force of character, which made him respected not only in his own district but all over the world; he was not a talkative man, and his wife was an honest, hardworking woman, with great force of moral character, with the interest of her family at heart, and generally speaking a woman who would sacrifice herself to further the interests of her family. This represented a class who were and who still are respected by everyone who knew them and those who still survive are beloved and respected by all.

What is the condition of affairs now? Migrants have invaded the county from many parts of the country, many of whom were the off scourings and degenerates of the districts whence they came; in the mining districts of Northumberland, where generally speaking the males outnumber the females, mating between the male migrants and the native females would of necessity occur; the general result of this has been the procreation of an inferior progeny who have developed to some extent the weakness of the inferior parent with the result that under the more disadvantageous conditions of a miner's life at present existing, and under the present facilities for wasting his substance that did not exist in the older miner's time, a new generation has sprung up inferior in physique and mentality and which under existing conditions of life and working have a strain greater than they can bear put upon them with the result that they die at an earlier age from the diseases mentioned in this paragraph than their forbears did. A further point in this connection is this that the miner who at the present time is the most active propagandist is not the hard solid thinking man, but the neurotic who has been bred under the conditions mentioned, and who is likely to succumb to the diseases mentioned under this heading. Further he is likely by virtue of his neurosis to consider that he is a fit and proper person to lead and thinking too fast as such neurotics are bound to do he will make the non-thinkers believe he is a leader; when he gets up against the solid men there will be an awakening for him and that awakening may result in the swelling of our death statistics from Cerebral Hœmorrhage.

Nervous Diseases.—This is a proper heading to follow the foregoing as the one to some extent is bound up with the other, both depending to a certain degree upon each other. Circulatory disturbances and nervous explosions often go hand in hand and both are signs of degeneracy in breeding and of the stress that occupation, upbringing, and environment may have in their production. During the year 20 deaths were recorded under this heading, more than half of them (13) being under 5 years of age. This naturally points to some fault in the upbringing of these infants or to some fault in the family history of the parents. Further factors come in, such as the warning and the attention to it that parents, who are known to be liable to produce such offspring, get about how their children should be attended to. Do such parents take much trouble about the matter? Some undoubtedly do, viz.:—those who recognise their responsibility to their offspring and are only too anxious that everything should be done to keep their infants alive. The most important nervous disease in this district associated with after results and with death particularly as regards children is epilepsy in one or other of its many forms. This is a particular phase in the factor of what may be for good or ill in life that is extremely difficult to deal with. There are no great differences in opinion as to how minor cases of epilepsy should be dealt with from a public health point of view, but when the graver aspects of major epilepsy are met with the problem is an awkward one. Should such cases be dealt with in Epileptic Colonies or Asylums, should they be sterilized, or should they be looked after by skilled attendants in their own homes? During certain stages in the manifestation of the disease such persons are an undoubted danger both to themselves and to the community. In or near breeding in this district seems to be the chief factor in its production.

Tuberculosis in its various forms caused 37 deaths, 27 of these being from the Pulmonary form. Of these 27 deaths from Phthisis 13 were of males and 14 of females. Of the 13 males 5 had been coal miners, 1 a gold miner, 3 workers in connection with the mines, 1 below ground and 2 on the surface, and 4 unconnected in any way with the mines as regards occupation. The deaths from Pulmonary Tuberculosis were distributed over the district as follows:—

Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn	E. & W. Sleekburn.
2M 1F	1M 7F	1M 1F	6M 4F	1M 0F	2M 0F	0M 1F

Cancer and Malignant Disease caused 13 deaths as against 23 last year. One is glad to note the reduction in the number of deaths.

Diseases ill-defined or unknown.—Under this heading—a new one—24 of the 26 deaths were recorded as having died from Senile Decay.

GENERAL REMARKS.

In the year under review considerable progress has been made towards removing sanitary defects in the district; much of necessity still remains to be done of which the District Council is cognisant. The general policy is as heretofore to do as much work each year towards improving existing conditions as the financial resources will allow of. The Council has taken a step in the right direction in paying more attention to the condition of the private streets and one hopes this policy will be pursued vigorously. More work seems to devolve each year on both Councillors and Officials; it is to be hoped that the legislative machine will grind somewhat more slowly in the future.

As in former years, so this year, I am glad to say that my duties have been rendered more pleasant by the active interest members of the Council have taken in the work.

I am, Gentlemen,

Your obedient servant,

R. S. TROTTER, M.D., D.Hy.,

Medical Officer of Health.

BEDLINGTON,

8th February, 1912.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES	32	None.	None.
WORKSHOPS	76	,,	,,
WORKPLACES	50	,,	,,
Total	158	,,	,,

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			
	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts:—				
Want of cleanliness	Several.	Yes.	No.	None.
Want of Ventilation	None.			
Overcrowding	,,			
Want of drainage of floors ...	1			
Other nuisances				
Sanitary accommodations: insufficient	5			
Sanitary accommodations: unsuitable or defective				
Sanitary accommodations: not separate for sexes				
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (S. 101)	None.			
Breach of special sanitary requirements for bakehouses (S.S. 97 to 100)	,,			
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report)	,,			

3.—HOME WORK, none applicable to this District.

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of 1906.

Cycle Factory, Brick Works, Ærated Water Works, Tailoring, Bakeries, Quarry, Joinery, Sawmill, Candle Works, Saddlers, Blacksmiths, Dressmaking, Tinsmith, Fish and Chip and Ice Cream Shops, Cycle Repairing Shops, Boot Factory, Cabinet Marke and Upholsterer Watchmakers.

Total number of Workshops on Register ... 117

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M Inspector of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) ...	None.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5): Notified by H.M. Inspector	,,
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5): Reports (of action taken) sent to H.M Inspector	,,
Other Defective Privies remedied	
Underground Bakehouses (S. 101):—	
Certificates granted during the year	
In use at the end of the year	

R. S. TROTTER,
Medical Officer of Health.

TABLE I.

Vital Statistics of Whole District during 1911 and previous Years.

Name of District, *BEDLINGTONSHIRE.*

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Uncorrected Number.	Nett.				of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of age.		At all Ages.	
			Number.	Rate.	Number.	Rate.			Number.	Rate per 1000 Nett Births	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1906	22500	752		33·4	355	15·7			119	158		
1907	23500	739		31·4	301	12·8			98	132		
1908	24500	784		32	385	15·7			137	174		
1909	25630	817		31·8	350	13·6			95	116		
1910	26000	761		29	367	14			109	143		
1911	25500	844	847	33·2	373	14·6	4	15	133	157	384	15

The numbers and rates given are as they were got from the Registrar (local), no figures have been given to me upon which nett rates can be based.

NOTES —This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be avaible. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

In Column 6 are to be included the whole of the deaths registered during the year as having actually occured within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths dnder 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrer-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, must not be included in Columns 8 or 9, except in certain instances unber 3 (*b*) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) must be regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is taansferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement should be referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence are to be referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

Area of District in acres (exclusive of area covered by water.) } 8435·5.

Total population at all ages, 25,253 ...
Number of inhabited houses, 5194 ..
Average number of persons per house, 4·86
} At Census of 1911.

TABLE II.

Cases of Infectious Disease notified during the Year 1911.

Name of District, BEDLINGTONSHIRE.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.								TOTAL CASES NOTIFIED IN EACH LOCALITY.							8
	At all Ages.	At Ages†—Years.														
		Under 1.	1 to 5	5 to 15	15to25	25to45	45to65	65 and upwds	Barrington.	Bedlington.	Cambois.	Choppington.	Netherton.	Sleekburn.	East & West Sleekburn.	Total cases removed to Hospital.
Smallpox																
Cholera																
Diphtheria (including Membranous croup) ...	22		5	14	2	1				5	1	8	3	2	3	
Erysipelas	9				1	4	4			3	1	1	1	2	1	
Scarlet fever	88	2	22	58	4	2			4	1	2	64	12	3	2	
Typhus fever																
Enteric fever	42		1	10	18	9	3	1	7	14	3	5		10	3	6
Relapsing fever																
Continued fever	6		2	1	1	1	1				6					
Puerperal fever																
Plague																
Phthisis: Under Tuberculosis Regulations, 1908																
Phthisis: Under Tuberculosis Regulations, 1911																
Phthisis: Others																
*																
Totals ...	167	2	30	83	26	17	8	1	11	23	13	78	16	17	9	6

NOTES.—State in space below the name and position within or without the district of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent, the accommodation available for the district afforded by it, and the name of the authority by whom the hospital is provided.

*This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospitals at Fever Hospital, Stakeford, and Isolation Hospital, Staithes Quay. *Total available beds, 34.*
Number of Diseases that can be concurrently treated, Variable.

OLD TABLE II. Vital Statistics of separate Localities in 1911 and previous Years.

Name of District, BEDLINGTONSHIRE.

NAMES OF LOCALITIES	BARRINGTON.				BEDLINGTON.				CAMBOIS.				CHOPPINGTON.				NETHERTON.				SLEEKBURN.				E. & W. SLEEKBURN.			
YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all Ages.	Deaths under 1 year.
	a.	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*
1905 ...	1018	27	11	2	5525	185	79	32	2444	82	39	10	5314	186	96	33	1000	40	14	3	3815	125	67	21	1384	33	21	4
Rate per	1000	26·5	10·8			33·5	14·3			33·5	15·9			35	18			40	14			32·7	17·5			23·8	15	
1906 ...	1088	41	19	5	5962	196	96	28	2626	86	35	11	5819	204	100	35	1294	52	20	8	4232	136	65	26	1478	37	20	6
Rate per	1000	37·7	17·4			32·8	16			32·7	13·3			35	17			40	15			32	15			25	13·5	
1907 ...	1111	34	16	4	6119	183	77	28	2700	105	31	9	6059	184	84	25	1734	64	16	6	4513	135	59	20	1519	34	18	6
Rate per	1000	30·6	14·3			29 7	12 5			38·8	11·5			30·3	13·9			36 9	9·2			29 9	13			22·3	11·8	
1908 ...	1117	35	29	7	6313	205	106	42	2745	77	32	0	6214	226	101	35	1830	62	31	12	4848	146	66	27	1567	33	20	5
Rate per	1000	31·3	25·9			32 5	16·8			28	11·6			36·4	16			33·9	16·9			30	13·6			21	12·7	
1909 ...	1128	36	26	7	6743	219	80	21	2795	82	41	7	6364	190	88	23	1879	80	31	13	5004	180	69	21	1717	30	15	3
Rate per	1000	31·9	23			32·5	11·8			29	14·5			29·8	13·8			42·6	16			35·9	13·7			17	8·5	
1910 ...	1139	26	15	1	6852	209	100	32	2824	71	42	15	6464	204	80	22	1911	60	28	8	5074	144	74	27	1736	47	28	4
Rate per	1000	22·8	13·1			30·5	14·6			25·1	14·9			31 5	12·4			31·4	14·6			28·3	14·5			27·1	16·1	
1911 .	1144	31	20	7	6976	217	91	30	2809	73	34	13	5502	260	122	34	1979	59	23	10	4472	163	70	23	2618	47	25	15
Rate per	1000	27	17·5			31	13			26	12			47	22			28·3	11·6			36·4	15·6			17·9	9·5	

TABLE III.

Causes of, and Ages at Death during the Year 1911.

Name of District, BEDLINGTONSHIRE.

(See Notes at Back.)

Causes of Death.	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Total Deaths whether of residents or non-residents in institutions in the District.
	All Ages.	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and upwards	
1	2	3	4	5	6	7	8	9	10	
All causes { Certified (*c*)	384	133	30	22	10	12	39	65	73	
All causes { Uncertified										
Enteric Fever	4					1	1	1	1	
Smallpox										
Measles	2		1	1						
Scarlet Fever	2		1	1						
Whooping Cough ...	10	8	1	1						
Diphtheria and Croup. *See* note (*d*)	4			3	1					
Influenza	3						2		1	
Erysipelas										
Cerebro-Spinal Fever ..										
*										
Nervous Diseases ...	20	8	3	2			3	2	2	
Phthisis (Pulmonary Tuberculosis) ..	27				1	6	11	5	4	
Tuberculous Meningitis. *See* note (*e*) ...	2		1	1						
Other Tuberculous Diseases	8	2	1	3	1		1			1
Rheumatic Fever ..	4				2		1		1	
Cancer, malignant disease. *See* note (*f*) .	13						3	7	3	
Bronchitis	20	8		1				6	5	
Broncho-Pneumonia	21	10	7	3				1		
Pneumonia (all other forms)	12	1	2		2		1	4	2	
Other diseases of Respiratory organs ...	1	1								
Diarrhœa and Enteritis. *See* note (*g*)... ...	60	45	9	1				3	2	
Appendicitis and Typhlitis	1				1					
Alcoholism *See* note (*h*)										
Cirrhosis of Liver ..	1							1		
Nephritis & Bright's Disease	8		1	2			1	2	2	
Puerperal Fever. *See* note (*i*)	1						1			
Other accidents and diseases of Pregnancy and Parturition	6	1				1	3	1		
Congenital Debility & Malformation, including Prematurity of Birth. *See* note (*j*)	46	46								
Violent Deaths, excluding Suicide	18		1	1	1	4	2	6	3	
Suicides										
Heart Diseases	31		1				3	19	8	
Cerebral Hœmorrhage ...	17						1	4	12	
Other Defined Diseases ...	16	2	1	1	1		5	3	3	
Diseases ill-defined or unknown	26	1		1					24	
	384	133	30	22	10	12	39	65	73	

*Here should be enumerated any deaths from other diseases than those given above, having public health importance, such as Typhus Fever, Continued Fever, Relapsing Fever, Dysentery, Glanders, Anthrax, and Lead-poisoning.

NOTES ON TABLE III.

(*a*) All "Transferable Deaths" of residents, *i.e.* of persons resident in the District who have died outside it, are to be *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.* of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III should equal the figures for the year in column 12 of Table I.

(*b*) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last column of Table III.

(*c*) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified;" all other deaths are to be regarded as "Uncertified."

(*d*) This heading includes all deaths from croup except those certified as due to "spasmodic," "stridulous," "catarrhal," or "false" croup.

(*e*) Under "Tuberculous Meningitis" are to be included deaths from Acute Hydrocephalus.

(*f*) Under "Cancer" should be included deaths under such headings as Carcinoma, Scirrhus, Epithelioma, Rodent ulcer, Sarcoma, Cancer, and Malignant Disease.

(*g*) Under this heading are to be included deaths registered as due to Epidemic diarrhœa, Epidemic enteritis, Infective enteritis, Zymotic enteritis, Summer diarrhœa, Choleraic diarrhœa, Cholera (other than Asiatic), Gastro-Enteritis, Gastro-Intestinal Catarrh, Muco-Enteritis, Colitis, &c. Deaths from Diarrhœa secondary to some other well-defined disease should be included under the latter.

For "Dysentery" *see* note at foot of Table III.

(*h*) Under this heading are to be included deaths from Delirium Tremens, acute and chronic alcoholism, &c., but *not* those certified as due to organic disease attributed to alcoholism. The number of the latter may with advantage be stated separately, though this statement cannot be included in Table III.

(*i*) Under "Puerperal Fever" are to be included deaths under such headings as Pyæmia, Septicæmia, Sapræmia, Pelvic Peritonitis, Peri- and Endo-Metritis occurring in the Puerperium.

(*j*) Under this heading are to be included also deaths from Atrophy and Marasmus of Infants, and want of Breast-Milk, but not from Atelectasis.

In any case of doubtful classification of deaths, the Manual to be issued shortly by the Registrar-General should be followed.

TABLE IV.

Bedlingtonshire Urban District.

Infant Mortality.

1911. Nett Deaths from stated causes at various Ages under 1 Year of Age.

(See Note (a) at Back.)

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes	Certified										
	Uncertified .										
Small-pox											
Chicken-pox											
Measles											
Scarlet Fever											
Diphtheria and Croup ...											
Whooping Cough							3	3	1	1	8
Diarrhœa			1		1	2	8	15	8	12	45
Enteritis											
Tuberculous Meningitis ...											
Abdominal Tuberculosis (*b*)								1		1	2
Other Tuberculous Diseases											
Congenital Malformations (*c*)		4	1			5	2	1	1		9
Premature Birth		13	2	3	4	22		1			23
Atrophy, Debility and Marasums		5	1	1		6		4	2	1	14
Atelectasis											
Injury at Birth		1				1					1
Erysipelss											
Syphilis											
Rickets											
Meningitis (*not Tuberculous*)										1	1
Convulsions		3				3	2	1		1	7
Gastritis											
Laryngitis					1	1					1
Bronchitis					1	1	4		2	1	8
Pneumonia (all forms) ...		1				1	1	1	3	5	11
Suffocation, overlying ...											
Other Causes				1		1	1		1		3
		27	5	5	7	43	21	27	18	23	133

Nett Births in the year {legitimate 807.
{illegitimate 40.

Nett Deaths in the year {legitimate infants 123.
{illegitimate infants 9.

NOTES TO TABLE IV.

(*a*) The total in the last column of Table IV should equal the total in column 10 of Table I, and in column 3 of Table III.

(*b*) Under Abdominal Tuberculosis are to be included deaths from Tubercalous Peritonitis and Enteritis and from Tabes Mesenterica.

(*c*) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III under the heading Congenital Debility and Malformation including Premature Birth.

Want of Breast Milk should be included under Atrophy and Debility.

(*d*) For references to the meaning of any other headings *see* notes attached to Table III.

In recording the facts under the various headings of Tables I, II, III and IV, attention has been given to the notes on the Tables.

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Medical Officer of Health.

8th February, 1912.